

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS121AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2009
NAME OF PROVIDER OR SUPPLIER CONCORDE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2465 E TWAIN AVE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 27364 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/5/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 73 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 43. Fifteen resident files were reviewed and eleven employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 026 SS=D	449.190(3) Contents of License-Multiple Types NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services. This Regulation is not met as evidenced by: Surveyor: 27364	Y 026		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 026	Continued From page 1 Based on record review and interview on 11/5/09, the facility was caring for 2 of 15 persons (Resident #1 and #14) with mental illnesses without an endorsement and failed to obtain the necessary training to care for such persons. Findings include: Resident #1 - A physical dated 9/23/09 from Red Rock Behavioral Health Hospital lists Resident #1's diagnoses as psychiatric diagnosis per psychiatrist and chronic paranoid schizophrenia. During an interview Resident #1 stated he had post traumatic stress disorder and a past diagnosis of schizophrenia. Resident #14 - A physical dated 5/30/07 from Health South Rehabilitation Hospital of Las Vegas listed Resident #14's principal diagnoses as history of schizophrenia and post syncopal episode. Southern Nevada Adult Mental Health Services confirmed Resident #14 is scheduled for his next appointment with their facility 12/7/09. Severity: 2 Scope: 1	Y 026		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by:	Y 103		

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Y 103	Continued From page 2 Surveyor: 27364 Based on record review on 11/5/09, the facility failed to ensure 7 of 11 caregivers complied with NAC 441A.375 regarding tuberculosis (TB) testing or new employment physical examination (Employee #1, #2, # 5, #7, #8, #9 and #10). Employee #1's physical was completed 4 months after initial hire. Employee #2 lacked a completed TB signs and symptoms statement for 2009. Employee #5 's file lacked a new employee physical. Employee #7 lacked the 2nd step of TB test. Employee#8 lacked a new employee physical. Employee #9 lacked a 2 step TB test. Employee #10 lacked a completed TB signs and symptoms statement for 2009. This was a repeat deficiency from the 12/30/08 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by:	Y 106		

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Y 106	Continued From page 3 Surveyor: 27364 Based on record review on 11/5/09, the facility failed to ensure 4 of 11 caregivers were trained or current in first aid and/or cardiopulmonary resuscitation (CPR) (Employee #2, #3, #5 and #8). Findings Include: Employee #2 failed to obtain CPR/first aid training within 30 days of hire. Employee #3 first aid training was expired. Employee #5 had no evidence of CPR/first aid in their file. Employee #8 had no evidence of first aid training in their file. Severity: 2 Scope: 2	Y 106		
Y 172 SS=F	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 11/5/09, the facility failed to ensure the containers used to store garbage outside the facility were covered and emptied at least once each week. Findings include:	Y 172		

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Y 172	Continued From page 4 Four outside dumpsters were overfilled with trash to the point the lids were unable to be closed. A strong odor of rotting food was evident and flies were observed flying around the dumpsters. One large rollaway construction dumpster was also filled with trash bags with no cover with flies flying around the trash. Interview with Employee #1 said the rollaway dumpster had been on site since March and employees are now using the construction dumpster as a trash dumpster. Severity: 2 Scope: 3	Y 172		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 11/03/09, the facility failed to ensure the premises were clean and the exterior landscaping of the facility was well maintained. Findings include: - The interior carpet was badly soiled in the North 2nd floor hallway, near the front entrance, and in the elevator foyers. - The laundry room had a uncovered trash	Y 178		

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Y 178	Continued From page 5 container, and a rolling linen container with rotting food material, and loose unclaimed clothing laying on a drying rack. - The exterior landscaping had numerous un-pruned Mesquite trees growing to the ground. The overgrown trees were blocking a rear drive of the facility and several interior walkways. - Numerous plants were observed dead in the rear of the facility. There was with evidence of the automated irrigation system power lines severed. - A large accumulation of pigeon droppings were observed on the front west walkway near the residents patio. - The roof was damaged on the east side of the facility outside the kitchen. Severity: 2 Scope: 3	Y 178		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

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Y 255	<p>Continued From page 6</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 11/5/09, the facility failed to comply with the standards prescribed in chapter 446 of the NAC. The the following violations were observed:</p> <ul style="list-style-type: none"> - Person washing dishes was observed handling dirty dishes then removing clean dishes from the dish machine without washing hands first. . - The dishwasher was being operated with both detergent and sanitizer below the fill lines. As a result there was no reading for the sanitizer. - There was a large gap between the kitchen doors opening to the exterior of the facility exposing the kitchen to pests and weather. - The household microwave in the kitchen requires a replacement with a NSF approved/commercial unit. - The 2 door reach-in is NSF approved for storage and display of prepackaged and bottle products only. - The wooden cabinets on the cooks line steam table are not being maintained in a clean and sanitary condition. Wood is not an appropriate surface for this equipment and will need to be resurfaced or replaced, - Staff were operating the dishmachine without chemicals (detergent and sanitizer). Mold was noted around backsplash. (This was a repeat deficiency from the 12/30/08 State Licensure survey.) 	Y 255			

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Y 255	Continued From page 7 - Paper towel dispenser in the kitchen is in disrepair. The ladies room soap dispenser was missing a lid. Ensure all handsinks in restrooms are operating with both hot and cold water synchronized with properly adjusted mixing valves. - Dumpsters are full with bugs flying around. An open receptacle used by landscapers which is now full of trash bags is also attracting flies. - Staff are wet stacking clean dishware. They should be allowed to air dry first. - Soiled/dirty kitchen vents and hoods require cleaning. - Burned out ceiling lights and or fixtures require replacement. - The mops were observed left in a the buckets. Mops require hanging and drying after use. Severity: 2 Scope:3	Y 255		
Y 278 SS=C	449.2175(9)(a)(b) Dietary Consultant - More Than 10 Residents NAC 449.2175 9. A residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who: (a) Is registered as a dietitian by the Commission on Dietetic Registration. (b) Is a graduate from an accredited college with a major in food and nutrition and has 2 years of	Y 278		

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Y 278	Continued From page 8 supervisory experience in a medical facility or facility for the dependent or has participated in a course of training for a supervisor of the service of food. This Regulation is not met as evidenced by: Surveyor: 27364 Based on interview and record review on 11/5/09, the facility failed to obtain a dietitian consult at least once per quarter (4 of 4 quarters). Severity: 1 Scope: 3	Y 278		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 11/5/09, the facility	Y 859		

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Y 859	Continued From page 9 failed to ensure 1 of 15 residents received an annual physical (Resident #3). Severity: 2 Scope: 1	Y 859			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review and interview on 11/5/09, the facility failed to ensure 1 of 15 residents received medications as prescribed (Resident #1). Findings Include: Resident #1 was prescribed Simvastatin 20 milligrams (mg) one tablet by mouth every day. The bottle of simvastatin was empty, interview with the medication technician revealed Resident #1 received the last pill this morning. Resident #1 has an appointment with his physician tomorrow for a refill.	Y 878			

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Y 878	Continued From page 10 Severity: 2 Scope: 1	Y 878		
Y 936 SS=F	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 11/5/09, the facility failed to ensure 3 of 15 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1, #2 and #5) which affected all residents. Resident #1 and #2's files failed to document evidence of a second step tuberculosis test. Resident #5's file contained a negative chest x-ray dated 3/25/09 and an annual signs and symptoms review dated 3/26/09, but failed to document a positive tuberculosis test.</p> <p>This was a repeat deficiency from the 12/30/09 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 936		

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